MEDICAL CHARITIES;

A PAPER

READ AT THE MEETING OF THE

SOCIAL SCIENCE ASSOCIATION,

HELD AT

DETROIT

IN

MAY, 1875.

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1875.

Jan 9. 1877

Dear Sir.

The enclosed is for
Inspection. - If I can do
for you before - Please
dispose of it as you
find convenient

Yours truly

Wm Clark

SECOND DAY'S SESSION.

MAY 13, 1875.

The Conference was resumed this morning at 9 A.M., H. H. Giles, of Wisconsin, in the chair. Before the reading of the paper on Medical Charities, the debate on insanity was continued. Mr. W. P. Letchworth, of New York, raised a question of the increase of insanity, which was implied in the paper of Dr. Allen. Mr. Elmore of Wisconsin, supported the statement of Mr. Giles on Wednesday, that insanity is greatly on the increase in that State.

At 9.15, the debate was closed, and the following paper, prepared by George S. Hale, Esq., of Boston, was read by Mr. Sanborn:

MEDICAL CHARITIES.

The extent and abuses of medical charities have attracted attention in England, and an attempt has been made to investigate the subject in this country. It has not been easy, however, to obtain and present the statistics sought, in such a form as to show the state of things here, and it is now proposed only to offer some suggestions, with the hope that the way may be prepared for more satisfactory information, and such information obtained from those whose attention may be attracted.

It has grown to be an axiom of this branch of social science, that no system of charitable relief should be encouraged which weakens the spirit of independence, or tempts the recipient to rely upon others. In this respect the influence of the prevailing system of medical relief is more dangerous and insidious than any other. Men who would not beg—who might not accept alms—may be led to accept this form of relief, and thus gradually be prepared for a condition from which at first they would have shrunk. The care and relief of the sick do not seem to require the same caution as the administration of other forms of charity; we give more readily; we investigate less carefully. The hospital is founded and its means are supplied with the feeling that no liberality can be excessive towards the suffering. The applicant is received with the feeling that real illness excuses investigation. The physician or surgeon, eager to gather experience, is not so eager to assume the

disagreeable duty of close inquiry into the means of a patient. Gradually a portion of the community tend more or less consciously to the feeling that they are entitled to expect such relief from it, and come to feel that it may be demanded as a right, rather than solicited as a boon. Habits of thrift and caution, nay, even that care which keeps away disease and its expenses, are discouraged. The evil has not yet become serious here, but it is well to inquire how far it exists or threatens to increase. It is obvious that there must be a limit to this form of charity; that a certain proportion only of the community ought, even in sickness, to be supported by the bounty of others, and the greatest care should be taken to guide this bounty to the most deserving, and to see that those who are able to provide for themselves should make way for those who really are not.

The first step then, is to get information.

How large a proportion of the population receive gratuitous medical relief? Of that proportion how many are able to a greater or less extent to make some compensation? How does it compare with the number receiving assistance in other ways? What is the effect of its administration upon the recipients or the community? Is there any hazard of injury or abuse in other modes?* Is there any danger that the charity itself may be abused or unwisely used?

These are some of the inquiries which present themselves? The reader is referred to the articles on medical charity, its abuses, etc., by John Chapman, M. D., reprinted from the Westminster Review, N. S., Nos. 89 and 90, for interesting information in regard to the condition of things in England.

Some facts have been gathered from different sources in this country which it is proposed to give, with extracts from letters relating to the subject from gentlemen whose experience and position give weight and value to their opinions.

And for the purpose of promoting these inquiries hereafter a series of questions, in a tabular form is appended, to which answers are solicited from those who may take an interest in the subject. If these elicit any sufficient response, an attempt may be made to arrange and present their results.

The annexed tables show approximately the number of persons

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* One correspondent says "the city physicians, receiving a salary of $600 a year, calculate that they receive $4 a visit for this pauper work, owing to the circumlocution of certificates, etc., while the general charge for a physician's visit is but $2."

receiving gratuitous,* medical relief in Boston for a series of years from the three institutions which reach the greatest number of persons. It will be at once perceived from this, that the number assisted increases in a much greater ratio than the population, and that out-patients increase more than in-patients. It may be, it is true, that increased opportunities and better understanding of their necessities call out the suffering rather than attract the undeserving. General observation, however, leads to the conclusion that persons are assisted who ought to pay and are able to do so, while opinions vary as to the existence and extent of any serious abuse in this mode.

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* It should be added that some of the out-patients of the Massachusetts General Hospital do pay more or less compensation for the services rendered them, but the proportion is small.

STATISTICS OF MEDICAL RELIEF

In the.....of.....

	1871.	1872.	1873.	1874.
Name of Institution,				
Income.....				
Expenses.....				
No. of In-Patients { Free.....				
No. of In-Patients { Paying.....				
Residents..... { Free.....				
Residents..... { Paying.....				
From other places { Free.....				
From other places { Paying.....				
No. of Out-Patients { Free.....				
No. of Out-Patients { Paying.....				
Residents..... { Free.....				
Residents..... { Paying.....				
From other places { Free.....				
From other places { Paying.....				
No. Physicians or Surgeons for Out-Patients				
Average No. Out-Patients for each Physician or Surgeon per week.....				
Average time to each Out-Patient per day, (distinguishing old and new cases, if possible).....				
Average cost of each In-Patient per week,				
" " " " Out-Patient " "				
No. free prescriptions given to Out-Patients.				
Estimated No. of free Out-Patients who would pay a moderate fee.....				
Estimated No. of free In-Patients who would pay a moderate fee.....				
Total No. of persons receiving relief as paupers in the city.....				
Total population of the city or town.....				

MEDICAL CHARITIES IN BOSTON.

Massachusetts General Hospital.								Boston Dispensary.						City Hospital.		
	No. of Patients admitted.	No. treated free in the Hospital.	No paying board all the time.	No. paying board part of the time.	No. of Out-Patients.	Total No. Free Patients.	No. of Physicians or Surgeons in Hospital.	No. of Physicians or Surgeons for Out-Patients.	No. Free Patients treated.	No. Physicians employed for the same.	No. of free Prescriptions given.	No. of Patients admitted.‡	No. of free Out-Patients.	No. of Physicians or Surgeons in Hospita .	No. of Physicians or Surgeons for Out-Patients.	Total No. of Free Patients.	Population of Boston.
1860	1,240	997	201	42	4,433	5,430	13*	1	15,813	20	37,343						177,902
1861	1,416	1,131	253	32	4,676	5,807	13	1	16,834	20	38,110						
1862	1,611	1,175	425	11	4,800	5,975	13	1	20,092	20	41,000						
1863	1,648	1,348	283	17	4,987	6,335	13	2	21,340	20	40,597						
1864	1,599	1,262	326	11	5,619	6,881	13†	2	22,170	20	40,183	475	371	13	1	846	
1865	1,199	564	567	68	5,356	5,920	13	2	21,853	20	47,104	1,066	1,143	13	3	2,209	192,324
1866	1,120	497	578	45	5,608	6,105	13	3	22,680	24	54,508	1,432	3,324	13	3	4,756	
1867	1,206	626	556	24	4,553	5,179	13	4	23,908	24	50,367	1,534	7,015	13	4	8,549	
1868	1,265	771	463	31	5,264	6,035	13	4	26,012	25	58,011	2,078	8,794	13	5	10,872	
1869	1,390	834	532	24	6,953	7,787	13	6	23,570	24	53,411	3,054§	11,721	14	7	14,775	
1870	1,302	858	414	30	8,767	9,625	13	7	25,928	33	54,487	2,396	8,899	14	7	11,295	250,513‖
1871	1,427	970	432	25	9,792	10,762	13	8	26,902	33	53,857	2,873	8,947	15	8	11,820	
1872	1,547	1,163	368	16	11,878	13,041	13	11	25,589	25	47,727	3,304	7,526	17	8	10,830	
1873	1,550	1,075	411	64	14,592	14,592	13	12	27,348	25	51,359	3,201	9,272	17	8	12,473	
1874	1,639	1,125	394	120	15,612	16,737	13	12	30,670	37	75,510	3,566	8,732	17	8	12,298	

* Besides 4 pupils. † Besides 6 pupils.

‡ Some of these patients pay, but not enough of them it is supposed to vary the conclusions to be drawn. A Dispensary for out patients was established in 1866, but for the last five years very little medicine has been given out. Patients requiring it are referred to the Boston Dispensary.

§ Jan. 1, 1869 to April 30, 1870, and afterwards to April 30 of each year.

‖ Including 47,034 in the new wards, Nos. 13, 14, 15 and 16 lately annexed. Wards 13, 14 and 15 (Roxbury) were annexed in January, 1868, with a population of 28,426 (by census of 1865). Ward 16 (Dorchester) was annexed in 1870 with a population of 12,261. Charlestown, W. Roxbury and Brighton were annexed in 1873 with a population of 41,987 (by census of 1870).

We quote the following extracts from the letters of a number of gentlemen in charge of the out-patient department of one institution in Boston:

(1.) "In the female medical out-patient department a very large proportion of the patients, according to their own statements, are unable to pay. Of those that express their ability to pay (and they constitute a very small number), some are in evidently well-to-do circumstances; others, however, I do not believe are any better able to pay than many who claim gratuitous treatment, but do so from being more conscientious, or from having different ideas of what is their duty in the matter. * * * I have no doubt that many people claim gratuitous treatment who in good right should pay something."

(2.) "By far the larger part of the female medical patients * * * * are unable to pay any reasonable compensation. * * * * * * * * Without doubt a few could pay, and a still smaller number ought not to receive advice gratis."

(3.) "It is very evident that some—and exceedingly difficult to determine what—portion of the out-patients are able to pay reasonable compensation. * * * * * * If it were possible to ascertain who were and who were not able to pay, I am certain that the enforcement of the rule requiring such payment would work salutary results, in giving the physician longer time for the cases among the deserving poor, (since my experience has brought me to the conclusion, that the majority of those persons able to pay, if made aware that they would be obliged to, would elect to pay their fees outside the hospital), and, in inaugurating a movement, in a much needed direction, of checking the expenditure of time and force for the sake of charity, when there is no case for the exhibition of such charity."

(4.) "I am decidedly of the opinion, that, of the patients I see, men and children, a considerable number, perhaps one-quarter, could pay some fee, though for the most part a small one. Of the women * * * only a very small proportion could pay any fee, for they mostly belong to the working class, having small wages, which are barely sufficient to support them decently. With men and children it is different. Men have better wages, and children are brought by their parents, who, if able, ought to pay some fee.

"Many of the patients have already been under private medical treatment, and came to the hospital, hoping to obtain, perhaps, better advice. Many of the cases, again, are obstinate or obscure, and are sent or brought by their own physician, to obtain a gratuitous consultation. This physician is paid for his own services, and the patient only comes once to the hospital, but continues under the treatment of his own physician, approved or modified, as the case may be, by the hospital physician. These patients take a great deal of time and attention, and more than any other class should be made to pay. The position of physician to out-patients is very desirable, from the opportunity it gives of seeing so much practice, and thereby getting experience, and acquiring skill and judgment in the treatment of disease; but, as there is no money remuneration to the position, which is usually held by younger men, they, if they have

their own living to earn, can only devote to the work a limited time, say from one to two hours daily. In one hour only a certain number of patients, probably not more than ten on the average, can be seen, and their cases at all thoroughly investigated, so that if the number greatly exceeds this, the cases are only hurriedly seen, and do not at all have justice done them. This also injures the physician, by getting him into the habit of slurring over cases, doing both the patient and himself injustice, and perhaps positive injury to the former.

"It again injures the reputation of the hospital for accurate diagnosis and skilful treatment, as patients are very quick to find out that their cases are hurried through with, and not unfrequently, after advising a poor person to go to a hospital, (not necessarily ours alone), they will reply, that they do not want to, as the doctors are always in such a hurry, that they do not half hear their story, or else turn them over to a student. * * * * * In what way to remedy the abuse of a medical charity, it is very hard to say, and even in the profession itself the greatest diversity of opinion exists. One plan which seems to me worthy of trial—to see if it is possible to separate those who can pay from those who cannot, and to fix fairly the scale of fees which should be paid,—would be to have a superintendent of out-patients, who should be on duty daily, during the hours in which patients are received, and see each patient as he comes, assign him to the proper physician, and decide whether he should be a free or pay patient. His decision should be open to revision by the physician who treated the case, but the preliminary inspection of cases by a superintendent, who, to be able to judge properly, should be a medical man, would be a great help.

"Many of the patients are entirely unable to buy their medicine, and, if living in the city, belong properly to one of the dispensaries, to which they should be referred. This class of patients would be picked out and sent off by the superintendent, and thus a good deal of time saved to the physicians.

"In London, where the abuse of medical charity is far worse than here, much attention has been given to trying to find out some practicable way of reform. Various plans have been tried, but as yet none have proved satisfactory. I do not think the one I propose has been tried or suggested. Perhaps it would do no good, but it seems to me practicable and worthy of trial. The chief objection to it might be the expense, as the superintendent, of course, should be paid a salary, but I think the fees derived from the patients would pay that and also any medicines which might be given in exceptionally deserving cases."

(5.) "As regards the eye department, a small proportion of the patients are probably able to pay a reasonable compensation, but the effect of attempting to require payment, further than is already provided for, * * * * * * would, in my opinion, have no beneficial effect. If payment were more rigidly required, not only would the number of those able to pay be diminished, but some, also, of the more deserving, poorer patients, would be deterred from attending, on account of the inquiries made into their circumstances."

(6.) "I am of the opinion that very few (patients in the dental department) would be able to pay outside for as good services as are rendered

them at the hospital. * * * * * If they were required to pay fees, such as would be required from them in respectable up-town offices, they would probably allow their teeth to go to destruction, or what would be worse, to some of the dental quacks."

(7.) "In my opinion a certain portion are abundantly able to do so (pay for advice). A few can, and expect to pay the full fee; others would be willing to pay something, the majority nothing. * * * * A charge adapted as nearly as possible to the means of those able to pay something would keep away a few only."

(8.) "Something can undoubtedly be realized from them, by requiring pay for treatment. * * * * * But it may be a question, whether the comparatively small amount to be realized by the custom of urging many patients to contribute money, would compensate its disadvantages. These disadvantages are: first, the time diverted from medical treatment in ascertaining the pecuniary ability of each patient, and, secondly, the diminished number of applicants for relief. Such a practice would bear more uncomfortably upon timid and honest patients who are really poor, than upon patients better able to pay, and at the same time more penurious, and having more assurance."

(9.) "It is my opinion that there is doubtless a small proportion of the patients who seek advice in the skin department who might well pay for the same, and should consult a physician elsewhere. It would not be easy, however, for the physician in charge to decide in individual cases as to the circumstances of the patient, for those who are well dressed and apparently able, may be in need of free advice. Should every patient be asked as to his ability to pay, it seems plain that deception would be practiced by those who least deserved the charity of the hospital, and that many very worthy people might be driven away. In the special departments it is apparent that the chief injustice in a too liberal advice, is towards the physicians who are in charge of them, and not to the profession in general, or to the funds of the hospital.

"It seems to me that a box, placed in a conspicuous position in the entry for the reception of money, to which the attention of apparently able patients could be called, would be the best way of seeking payment."

(10.) "Of those coming under my care, a small portion could certainly pay something for advice, and often propose to do so. It is my intention to ask the question in doubtful cases, unless they are such as can profitably be used for the instruction of the medical students before whom I hold lectures, in which cases, as it seems to me, no further pay could fairly be expected of them."

The three following letters are from gentlemen holding leading positions in institutions in Boston:

"It seems to me that the diversity of the views of the gentlemen who have spoken, tends to show that there is no ready way of ascertaining either the amount of abuse prevailing or the remedy for it. I confess that I am rather incredulous of there being a great deal of abuse. If people feel less reluctance to accepting medical aid than they would alms of material character, I think they are not far wrong in it. At any rate, they are not exhausting a limited supply. My mind would require pretty

direct proof, that indiscriminate free medical treatment leads to pauperism; and of course I cannot deny it. But it is certain that skilful treatment, freely and properly applied, is a great preventive of pauperism, and I should be inclined to risk the uncertainty for fear of interfering with the certainty.

One peculiarity of medical relief is, that it cannot be accumulated and converted into means of indulgence by the unworthy recipient as alms would be.

My experience at the hospital leads me to believe that a very large proportion of those whose appearance would suggest easy circumstances have already spent their savings, and often have run in debt, in trying to get cured, before coming to us, and they don't come till they have to. In a country where the average mechanic considers himself as good as anybody else, and lives as comfortably as here, I believe his regard for his dignity and desire for attention will make him take pride in having 'his own doctor.' And he is more likely to defraud by running in debt to his doctor than by assuming false colors at a hospital. But, after all, if there is fraud we cannot get at it, for we must finally rely on the statements of the applicants. To ask them much about it, either will use up time better employed in prescribing, or, if the 'superintendent' plan is followed, the expense even in our exceptionally prosperous clientéle would more than swallow up the receipts. I think it is our duty to let applicants know, by printed notices, or otherwise, that we expect them to pay if they can, but I don't see how we can do much more if we stop short of an expensive detective system. We might require a certificate of impecuniosity, but what an amount of labor this implies, and what surer way of taking the bloom off the tender charities in which we take particular pride could be conceived? The widow and the fatherless—already unwilling to trespass—are to have their misfortunes flouted before the world, and the degree of their deserving measured by some philanthropist's pocket-rule.

* * * * * * * * * * * * * *

At any rate, while nearly every day the integrity of limbs—or of lives less often—is secured by the freedom of access to our out-patient department, and while it would not be safe for these patients to run their chance elsewhere, I am opposed to any decided action that would be liable to drive the more scrupulous away."

"In reply to your inquiries as to my views concerning 'Medical Charities,' I have written out very hastily some of my thoughts on the subject. I beg you will make all due allowance.

In order to accomplish the greatest amount of good that can be legitimately done by such an institution as this, and to furnish to the proper objects all the aid and comfort that the cause of humanity demands of it, its benefits should be freely and kindly bestowed upon all the deserving and suffering poor who seek them. Undoubtedly, some do come here for gratuitous medical aid, who are undeserving, and should pay for it; but the danger is, that in applying any efficient check to prevent such imposition, the first to be kept away will be those who are the most conscien-

tious, and who most reluctantly yield their pride and self-respect to their urgent needs.

Of the in-patients in this hospital I have reason to believe that there is a small proportion only who are not proper subjects of medical charity. It is true that their own statements have to be largely depended upon to decide upon their ability to provide for themselves. The limited capacity of the hospital has for some time compelled careful questioning of all applicants for admission, and though it requires time and patience, a pretty satisfactory conclusion can ordinarily be arrived at in this regard.

It requires care and consideration in many cases to get at the facts of the case without giving offence. The patients who could not pay something for their case, are mostly among the cases of accidental injuries. These patients must be received unquestioned at all times, and can subsequently decline to pay on the ground that they made no agreement to do so on admission.

Of the out-patients I cannot speak as positively. The numbers are large and it would be quite impossible for the physicians to give sufficient time—to be of any avail—to inquiry concerning the circumstances of the patient. In fact, with many to examine and prescribe for, this becomes the main consideration, and to do more, would seem to be waste of time, when the result would be, at the most, the elimination of a comparatively small number of patients to be turned away or made to pay. In all almsgiving, and in the administration of all charities, it is inevitable that there will be a certain per centage of imposition. I believe that, while we exercise due care to prevent it, we must always entertain some imposters in our hospitals and dispensaries. I have no doubt that not a few persons in them, first and last, get for nothing that for which they are well able to render an equivalent. I believe, from my observations here, that the evil is growing, and may become a great one, if pains are not taken to restrain it. How this is to be done is of course the great problem. The first indication is to make a careful investigation of the facts; from them something must be learned as to the remedy to be applied. In considering this matter I have regarded the evils of the present system of administering medical charities as of two kinds, namely:

(1.) Those which result from the indiscriminate bestowal of such charities—undeserving persons receiving aid.

(2.) Those prejudicial to the interests of the medical profession in general.

The people who seek and are not entitled to the benefits of our medical charities may also be classified as follows:

(1.) Those who have ample means, and desire to employ their own physicians, but who, attracted by the reputation of the hospital, or of individual members of the staff, are ignorant of the impropriety of asking advice for themselves where charity is dispensed. Some of these, even, have an idea that, as the city pays for the support of the hospital, all its citizens have a right to get gratuitous advice from its officers. It seems to me that the only practicable method of keeping away such persons, is to conspicuously place notices about the rooms of the out-patients' department, offices, etc., and the halls, to the effect that

only those in need of free advice and treatment are expected to come there. Those that come will go away and tell others, and the better public will soon become informed on the subject.

(2.) Those who have already been under the care of physicians, and while still able to pay, are also attracted to the hospital to get other medical opinions, either from a desire to change or to avoid further expense. A natural question in the examination of such case would be: 'By what physician have you been treated?' and I have thought the best and most proper way to deal with such persons might be to decline to prescribe for them, and advise them to return to their own physician, who in most instances would do as well for them as any one. The hospital physician should not refer them to his own office under such circumstances, but should act in accordance with general professional rules in such cases. These persons might be influenced by the notices before mentioned, specifying the objects of the institution.

(3.) This class may include those who put on their old clothes and deliberately make themselves up for the part they play. They meanly assume the guise of poverty to avoid payment of their doctors' bills.

(4.) Those who could pay small fees, but who are led by the ease of obtaining it, to ask for free medical advice. With this class is the greatest danger of encouraging pauperism, etc. I am at a loss to suggest any remedy that will reach the last two classes. Any system for the detection of these persons that presents itself, like the 'superintendent plan' would cost more than it would come to, or affect deserving persons unfavorably.

(5.) This last class may include all who are proper objects of medical charity, and who should all be made to feel that what they receive is given liberally and kindly.

It is in the interest of medical charities, that the first four classes of persons mentioned above should be debarred from such institutions, as it is also in the interest of the profession at large, that they should pay for what they get. I very much doubt, however, if it would work well to require such payment at dispensaries or in out-patients' departments of hospitals. There might be no question as to whom such fees should belong, whether to the physician or the institution. But whether the charges be smal or the regular fee table be adopted, as much harm would be done by the first plan as by the latter. I believe that the receiving of fees at all would tend to invite and encourage many well-to-do people to come to the hospital, who are now kept away by the knowledge that it is not the place for them, but for the poor and needy. Again, patients who are allowed to pay fees and are thus encouraged to come, would feel entitled to so much time that it would be practically impossible to carry out such a plan and do justice to other patients.

The subject presents so many difficulties that it seems to me possible to arrive at any definite conclusion only by experiments. Perhaps some place may be devised by which the display in the out-patients' rooms of printed notices, and briefly stated rules for the guidance of the physicians and information of patients, may be combined with the taking of fees in certain cases.

That careful attention should be given to the whole matter, is to

my mind beyond question. Much must depend upon the discretion of the prescribing physician, and anything that will promote a better understanding of the subject, and bring about an investigation and full discussion of it, should be cordially encouraged."

"The abuses to which such a charity is subjected, are, that some who are able to pay for advice and medicines, obtain them gratuitously, and thus not only receive that for which they should pay, but take from the medical profession the emoluments that belong to it. I do not think the dispensary is greatly abused in this way. Not many cases have come to our knowledge, where the institution has been imposed upon. The patients belong to the poorer classes. The greater share of them are foreign born or of foreign extraction. No particular means are employed to ascertain if patients are able to pay. In case the physician learns that a patient is not necessitous, advice is refused. Some of our beneficiaries might perhaps pay a small fee. It would be very difficult to investigate properly all the cases that apply to the dispensary for treatment, and before the investigation was concluded the patient might have passed beyond medical relief or have recovered. I think a certain amount of inquiry might be well in cases in which there seemed to be a doubt. I have many doubts of the propriety of personal questioning, except in suspicious cases. Deserving patients seem to be very sensitive when questioned about their ability to pay. They are often very much hurt. Were not our dispensaries, out-patients' departments of hospitals, etc., so much crowded, I presume more care would be given in some cases, but on the whole, I think the patients receive quite as proper attention and as careful investigation as in private practice. Oftentimes they are even better cared for, as they have the benefit of numerous consultants who are called in to see them. The dispensary is sometimes abused. What deserving charity does not sometimes meet with abuse? Unless provision were made for those poor people some other way, the greater share of them would be obliged to do without medical treatment. Many people cannot or do not wish to enter the hospital. For such cases the dispensary provides, and thereby prevents the breaking up of many a home, and affords many a poor mother the comfort of watching and nursing her sick husband or child. It is, besides, more economical to the community to visit patients at their homes, than to sustain large hospitals. I think sometimes, that we have too many charities. We need more system and centralization in their management. I think that no one should be received into our hospitals free, who is able to pay; and that the only out-patient departments connected therewith, should be carefully guarded or given up altogether. Many of the abuses of our charities, it seems to me, must be corrected, not by applying the axe to them, but by delving deeper in the social system than we have yet reached. When we insist upon better dwellings for the poor, when we give them clean streets and alleys; when we remove from them the brothels and hells of immorality and iniquity that surround and taint them; when we insist upon every young man and woman learning to do something well, and employment is given, then we shall not hear so much of the abuse of these charities."

The following is from a gentleman of large experience in New York:

"Your communication of the 25th ult., I duly received, in which you inquire 'Whether the medical charities are abused, for the care of persons having no proper claim for them, and whether they are excessively increasing?'

My connection formerly for ten years with the * * * * * * * dispensary, and subsequently with two of our largest hospitals, has led me to the following views concerning the subject of your inquiry:

The dispensaries of our city are of inestimable importance to the deserving poor, and afford to the younger medical men an invaluable amount of experience in various ways, which I need not here enumerate, and their operations are so philanthropic, and so conducive to the public health, that they deserve the warm sympathy and support of the city, State, and community.

A very large proportion, however, of those applying for relief at dispensaries are improper persons to do so, for two reasons.

In the first place if they have permanent employment they should be in a condition ordinarily to have their own physician and by applying at dispensaries they do not contribute to the support of the junior members of the medical profession, who, for several years after graduation, must chiefly look for patients among the poorer classes, and at a slight remuneration.

In the second place, many of these patients, for a season at least, feel themselves above seeking gratuities, except for medical services. Accustomed, however, to receive these, the gradation to seeking other forms of benefaction becomes easy, and pauperism is thereby nourished.

Thriftlessness is engendered in very many, for the reason that it is felt that, if improvident during a period of occupation, either public or private charity will afford support during adversity.

This is a melancholy state of affairs, to become rooted in our Amerean soil, but it is becoming deeply embedded there.

Can this condition be eradicated? The following occurs to me as one method of doing so—the dispensaries of a great city like New York may be made powerful agents in improving the condition of the poor. Suppose for a moment, that the resident physician, who has chiefly the supervision and assorting of patients to their respective departments, should inquire while thus engaged, and in a private manner, in regard to the circumstances of the patients, and inform them that relief in a dispensary is intended for those persons only who are really destitute. Many, from a sense of pride, would voluntarily withdraw. Or, again, if they pass into the prescribing room, the physician there has an opportunity of dropping a few words to his patients which may turn the current of many a life.

That such a method is feasible there is no doubt, and I think I am sufficiently cognizant of facts to show the force and value of such procedure.

The physicians should, of course, not direct such patients to apply for advice at their own offices.

In order to accomplish such a work, however, the directors of

dispensaries should inquire into the characters of the physicians they appoint, and also increase the number of physicians, for there is often such a crowd of patients, that imperative duties preclude any apparently unnecessary investigation and advice. There are always a number of suitable young medical men seeking such positions.

In relation to whether or not medical charities 'are necessarily increasing,' I would remark that there is a tendency to multiply institutions for the treatment of special disorders.

The regularly chartered and established dispensaries and hospitals of the city, make provision in their various departments for the treatment of all kinds of disorders.

Institutions of a more private nature are apt to degenerate into advertising media for the physicians or surgeons connected with them. If established at all they should not be nourished from the public coffer; support should be derived from those who gain notoriety from connection with them or from their personal friends.

Some of our older institutions of a private nature, established before the city and State had made suitable provision for the sick poor, have done a noble work and should be continued, as they have an honorable prestige.

As a rule it is better that recognized public dispensaries and hospitals should have the charge of and be responsible for the patients suffering from all classes of disorders, and that experts be appointed to have charge of their several departments. There can then be uniformity in the character of their work and in their published reports and *systematic supervision of them can be maintained.*

I cordially approve of the various hospitals erected by several religious denominations for the care of their sick, and also of other general hospitals in which patients for a moderate sum can procure the comforts which they only can procure in such truly eleemosynary institutions—my remarks relate to establishments of a different character.

I wish success to every enterprise which promotes benevolence, but true benevolence does not foster pauperism. Mendicancy will increase and curse our land as it has some parts of Europe, if immediate measures are not taken to eradicate it.

Our age has done splendid service for the future glory of the Republic; these duties are pressing. We must take heed lest future generations record of us that while we were valiant in *arms* we were sadly impolitic in the distribution of *alms.*"

An eminent physician in Philadelphia writes:

"For each thousand of the working and mechanic class, fewer need need hospital or dispensary help with us than elsewhere. At present our hospitals are never crowded, and are, I believe, in excess of our wants. The proportion of foreigners who apply is large. I think a good many persons seek unpaid medical help who could pay, but they usually apply at the clinic * * * * * nor is it always because they wish to save, but because these services are often managed by physicians whose opinions are valued * * * * * Most of the patients in the house pay something; and, were we ever so rich, I would still like to continue this.

No one among the patients knows who pays and who does not, but nearly all pay from one dollar a week to ten.

When they clearly know that this goes to the hospital and not the doctor, they are usually more than satisfied. In a word, our hospital services here do not encourage pauperism and dependence. Not many apply of the mechanic class—these are probably independent—but the class which preys upon us is rather one above want, but not above mean ways of saving."

It will be obvious from the examination of these communications and tables, that the subject demands attention and a cautious comparison of conflicting considerations. That attention and consideration cannot be too speedily or closely given, and we shall be wise to take warning by the experience of similar institutions in England. A judicious determination of the questions involved, is of the highest importance, and any one who will aid in that determination will deserve well of the community.

Boston, May 3, 1875.

G. S. H.